

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		48	2/1/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	54915	02/21/01
RESPONSE FORMALITY REVIEW	SS	573	05-02-01

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final Original	Date
1	✓	
2	✓	
3	✓	
4	✓	
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49	✓	
50	✓	

Claim	Final Original	Date
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Claim	Final Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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